

06-20-88

SHIPPER

20279

Department of Health Services  
Toxic Substances Control Division  
Sacramento, California

**UNIFORM HAZARDOUS  
WASTE MANIFEST**

1. Generator's US EPA ID No.  
CAD 008 302 903

Manifest  
Document No.

2. Page 1  
of 1

Information in the shaded areas  
is not required by Federal law.

3. Generator's Name and Mailing Address

I.T.T. POMONA ELECTRONIC  
1500 E. 9th ST., POMONA, CA 91766

4. Generator's Phone (714) 623-3463

5. Transporter 1 Company Name

OEMGA RECOVERY SERVICES

6. US EPA ID Number  
CAD 042 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES  
12504 E. WHITTIER BLVD  
WHITTIER, CA 90602

10. US EPA ID Number  
CAD 042 245 001

A. State Manifest Document Number

87118863

B. State Generator's ID

C. State Transporter's ID

904880

D. Transporter's Phone (213) 698-0991

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CA101012245001  
H. Facility's Phone  
(213) 698-0991

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE 1,1,1, TRICHLOROETHANE ORM-A UN 2831

12. Containers

No.

Type

13. Total  
Quantity

14. Unit  
Wt/Vol

15. Waste No.

001

DM

55

G

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

**GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

X RICHARD BROCK

Signature

X Richard Brock

Month Day Year

10/6/24/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAVIER HERNANDEZ

Signature

Javier Hernandez

Month Day Year

10/6/24/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

10/6/24/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY